



# CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM<sup>©</sup>

YEAR 2020 APPLICATION



**The American Kidney Fund (AKF)** is pleased to invite applicants for its **Clinical Scientist in Nephrology (CSN) Program** for academic year 2020. The goal of the CSN Program is to improve the quality of care provided to patients with kidney diseases and to promote clinical research in nephrology. This goal is achieved by enhancing the training and education of nephrologists who desire to pursue an academic career and whose primary professional commitment is to scholarship in the provision of patient care. Awardees conduct prevention and outcomes research and pursue advanced training in areas such as medical ethics, health services, health policy, biostatistics and epidemiology.

## The American Kidney Fund

The American Kidney Fund fights kidney diseases through direct financial support to patients in need, health education and prevention efforts. It leads the nation in charitable assistance to dialysis patients. The Clinical Scientist in Nephrology Program was established in 1988 as a direct extension of the AKF's mission to improve the quality of care of patients with kidney diseases. Potential candidates and mentors can view the entire history of CSN fellows and their projects on the [AKF website](#).

## The Program

A Clinical Scientist in Nephrology fellowship may be granted yearly based on program funding. The maximum duration of each fellowship is two years. The second year of funding is not automatic and is dependent on approval of the first year's progress report. The maximum level of funding is \$80,000 per year and shall be used principally to support the candidate and his/her career development. This sum is expected to cover the individual fellow's salary (which will follow NIH Guidelines according to the post-graduate year plus comparable fringe benefits at the institution, not to exceed \$55,000) as well as training-related expenses. These may include expenditures for enrollment in academic courses, books, computer hardware and software, and support for research and travel expenses (maximum of \$2,000 per year) as required by the plan of studies and justified in the budget outlined in the application. The American Kidney Fund will not provide support for institutional overhead expenses, patient care costs, excessive lab expenses, or expenditures for technical and/or clerical personnel. Any funds remaining at the end of the first year will be applied to the second year, if approved. Any funds remaining at the end of the second year must be returned to AKF. Successful candidates will identify an area of knowledge broadly applicable to Clinical Nephrology in which they will develop expertise and conduct research resulting in publication in a peer-reviewed journal. Such areas of study will be primarily in the non-biological sciences and will include disciplines in public health and preventive medicine, humanities,

and in social and behavioral sciences. Examples are Bioethics, Health Services Research, Health Policy and Administration, Medical Decision Science, Epidemiology, Biostatistics, and Health Economics. The American Kidney Fund will give special consideration to projects relating to clinical ethics, quality of care and quality of life. We encourage the exploration of new fields of study that bear on the improvement of clinical care in nephrology.

## The Candidate

Acceptable candidates for the Clinical Scientist in Nephrology Program are individuals who:

- Have completed a residency in Internal Medicine or Pediatrics
- Are qualified to sit for the American Board of Internal Medicine or Pediatrics
- Are in the process of completing or have completed at least one year of training in Clinical Nephrology in an accredited U.S. program
- Can demonstrate an aptitude for and a commitment to developing special expertise in an area of knowledge applicable to Clinical Nephrology
- Intend to pursue a professional career with emphasis on the provision of care to patients with kidney diseases, preferably within the confines of an academic medical center where they will be exposed to continued learning and teaching
- Can secure the support of their training program in the pursuit of these goals

Clinical Scientist in Nephrology fellowships are not intended as a fellowship-to-faculty transitional award. Preference will be given to applicants in their first or second year of fellowship. If you have questions regarding your eligibility, please contact the AKF ([education@kidneyfund.org](mailto:education@kidneyfund.org)) prior to applying. **First-time applicants are strongly encouraged to contact AKF should they have questions regarding their eligibility, research, or other aspects of the application.** Faculty members or individuals who will be receiving other funding are not eligible.

All recipients of the fellowship are required to present their final research findings to the AKF Board of Trustees at the conclusion of their training as Clinical Scientists. In addition, they will participate in AKF/CSN-related activities during their fellowship and continue to engage with the AKF upon their fellowship completion. Fellowship recipients will also agree that any publications (e.g., journal articles, abstracts, presentations, posters, etc.) or interviews arising from research conducted during their tenure as an AKF fellow, will state that they were supported by a grant from the American Kidney Fund Clinical Scientist in Nephrology Program. Copies of publications or interviews will also be forwarded to the AKF for use in organizational publications or announcements.

## The Training Institution

The institution must operate an accredited training program in nephrology or pediatric nephrology. Successful sponsoring institutions will be those that have access to comprehensive clinical and research facilities, and where a well-developed scholarly environment exists. The chief/head of the program must certify the candidate's credentials, capabilities and program of study adhere to the following criteria:

- CSN fellow devotes 100% of their time to the fellowship.
- Continued exposure of the Clinical Scientist to the clinical practice of nephrology in a scholarly environment is considered part of this fellowship experience. Ongoing clinical exposure should take up at least half a day but not more than one day per week for the duration of the fellowship.
- A collaborative effort with faculty members at the same or other institutions who can offer reasonable guarantees of availability and dedication to the training of the Clinical Scientist in their specific area of study. One of these faculty members (the Primary Mentor) will accept primary responsibility for the overall supervision of this component of the fellowship. The overall strength of the application will depend critically on the nature of the collaboration and supervision provided by the Primary Mentor responsible for instruction of the candidate in the clinical research area of study.
- An assurance that the appropriate supervision will be provided to maintain the quality of training, and that yearly progress reports detailing the Clinical Scientist's performance in the clinical and research areas will be submitted to the institution's Quality Control Committee and to the American Kidney Fund.
- Any salary or fringe benefits that exceed the cap of \$55,000/year are to be covered by the fellow's institution.

**It is highly recommended that potential mentors or division heads contact the CSN Program Chair, Dr. Yoshio N. Hall (ynhall@uw.edu), should they have questions regarding the application materials or selection process.**

## The Application Process

Candidates will submit the completed application to the American Kidney Fund. This will contain a statement of intent by the candidate, detailing the plan of studies, the area of research, and an overall career plan and expectations; a statement of support from the Chief/Head of the Division of Nephrology; a statement about the relevance of clinical

research to the division and the institution; a list of current clinical research projects and their principal investigators; a statement from the Mentor(s) who will supervise the training of the candidate in the chosen area of study; and a biosketch for the candidate and the candidate's Mentor(s). Three additional letters of support are also required, including one from the Chairman of Medicine or the Program Director of the Residency Program in Internal Medicine or Pediatrics where the candidate trained. Only one application from pediatrics and one from adult medicine from each program will be accepted. If you have any questions about the application process, especially if you are a first-time applicant, please contact the Professional Education Department at [education@kidneyfund.org](mailto:education@kidneyfund.org).

**Completed applications must be received by November 22, 2019. These can be emailed to [education@kidneyfund.org](mailto:education@kidneyfund.org) or physically mailed using the address below.**

## Timeframe

The above documents must reach the American Kidney Fund **on or before November 22, 2019**. The AKF CSN Selection Committee will review all applications and proceed to a preliminary ranking in January 2020. The top candidates will be interviewed in January and the successful candidate(s) will be notified in February 2020. If awarded, the first year's funding will begin July 1, 2020 and proceed through June 30, 2021. All inquiries regarding the fellowship should be directed to the Professional Education Department at [education@kidneyfund.org](mailto:education@kidneyfund.org).

Successful candidates seeking to continue their fellowship for a second year to begin July 1, 2021 must submit evidence in report form by April 1, 2021. The progress report should detail that their plan of study is proceeding according to the goals outlined in their application and is consistent with the overall mission of the American Kidney Fund. It is also required that the report be accompanied by a detailed letter of support from the candidate's nephrology Mentor commenting on the candidate's progress and a budget reconciliation. An in-person presentation to the Board of Trustees and a final report is also required after the fellowship has been completed. This report should include a budget reconciliation for both years.

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## Application Procedure

Eligible candidates may submit their application to:

**American Kidney Fund  
Professional Education Department  
11921 Rockville Pike, Suite 300  
Rockville, MD 20852  
[education@kidneyfund.org](mailto:education@kidneyfund.org)**



**CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM®  
YEAR 2020 APPLICATION  
FORM A**

**CANDIDATE - Please attach a copy of your NIH Biosketch**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Telephone (B) \_\_\_\_\_ (H) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Birthdate \_\_\_\_\_ Citizenship \_\_\_\_\_

Renal Fellowships (current and previous)

Institution \_\_\_\_\_ Dates (mm/yy)

\_\_\_\_\_ Start \_\_\_\_\_ / \_\_\_\_\_ End \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Start \_\_\_\_\_ / \_\_\_\_\_ End \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

**CHIEF/HEAD OF NEPHROLOGY PROGRAM**

Name \_\_\_\_\_

Academic Title \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**CLINICAL RESEARCH MENTOR**

Name \_\_\_\_\_

Academic Title \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**PERSONAL STATEMENT - Please include a personal statement, of no more than two (2) pages, including the following:**

- I. State year of current renal fellowship and expected date of completion (*If the expected date of completion is before the two years of funding is complete please contact the AKF prior to submitting the application to determine eligibility.*)
- II. Describe your educational history and current professional goals and how they match the goals of AKF
- III. Describe your intended course of study
- IV. Describe how you would expect your selection as an AKF Clinical Scientist in Nephrology fellow to influence your career path
- V. Describe how you intend to distribute your total effort on the following activities:
  - A. Patient Care
  - B. Research
    - 1. Primary project
    - 2. Other projects
  - C. Course of Study - Field of Interest
    - 1. Formal course work
    - 2. Time with Mentor
    - 3. Independent study
- VI. Describe your relationship to your Mentor

**PROPOSED RESEARCH PROJECT - Briefly describe your proposed project in three (3) pages or less, excluding citations (no appendices allowed). Be sure to include the following:**

- I. Project Title
- II. Specific aims
- III. Background justifying the proposed study
- IV. Methods
  - A. Study population
  - B. Variables to be studied
  - C. Outcome(s)
  - D. Statistical approach
  - E. Sample size or power calculation
- V. Limitations
- VI. Expected start and end dates for the study (Should the study date extend beyond the funding timeframe, please clarify plans for continuation.)
- VII. Possible next steps and future direction of the project

**Note: Applications that exceed the page limits or include appendices will not be reviewed**

**REFERENCES**

List below the names and addresses of three individuals who can provide the American Kidney Fund with information regarding your personal and professional qualifications pertinent to this application. One of these individuals must be either the Chairman or the Director of the Internal Medicine or Pediatrics Residency Program that you completed before beginning your subspecialty training in nephrology. Please have your three references mail or e-mail their recommendations to the American Kidney Fund.

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Name

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Academic Title

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Business Address

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Email Address

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Telephone

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Academic Title

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Business Address

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Telephone



**CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM©  
YEAR 2020 APPLICATION  
CONSENT FORM FOR RELEASE OF INFORMATION**

*In making this application to become an American Kidney Fund Clinical Scholar, I recognize my right under the "Family Educational Right and Privacy Act," Section 368 of the "General Education Provisions Act" 20 U.S.C. §1232g initially adopted by Section 513 of P.L. 93-380 dates August 21, 1974 and amended by P.L. 93-568 dated December 13, 1974. This statute as amended provides that information which could personally identify me may not be released except as this consent implies. I therefore agree that the AKF Selection Committee and their designee(s) are hereby authorized to release personally identifiable information from this application and in the course of my tenure as an American Kidney Fund Clinical Scholar, to the American Kidney Fund and to other organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of administering or improving the American Kidney Fund Clinical Scientist in Nephrology Program or for improving the general weal. I shall expect the information which may be made available to the public (as itemized above) to be maintained in a separate file available to my inspection on demand. Such file shall contain a dated list of organizations or individuals to whom this information has been released.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM©  
YEAR 2020 APPLICATION  
CONFIDENTIAL REFERENCE REPORT  
INSTITUTIONAL ASSURANCE  
FORM B**

**TO THE APPLICANT**

This section is to be completed **by the applicant** before it is presented to the Chief/Head of the Division of Nephrology.

Name: \_\_\_\_\_

**TO THE CHIEF/HEAD OF THE DIVISION OF NEPHROLOGY**

The above-named applicant to the American Kidney Fund Clinical Scientist in Nephrology Program has named you as his/her main reference. We ask your cooperation in responding promptly. All replies **must be received on or before November 22, 2019** and will be held in strict confidence. The completed form is not to be returned to the applicant, but mailed or e-mailed to:

**MAIL TO:**

**American Kidney Fund  
Professional Education Department  
11921 Rockville Pike, Suite 300  
Rockville, MD 20852  
education@kidneyfund.org**

**LETTER FROM CHIEF/HEAD OF DIVISION OF NEPHROLOGY**

Please indicate in the space below the period of time you have known the applicant, and in what capacity.

From \_\_\_\_\_ To \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- In your letter please elaborate on the applicant’s performance on the basis of which you arrived at your assessment. If possible, please cite some specific illustration of the applicant’s performance.
- Elaborate on how the applicant will continue to progress during the time of participation in the American Kidney Fund Clinical Scientist in Nephrology Program. Please be specific regarding your own role in the training of the applicant and expand on the relevance of the intended field of study for the Clinical Scientist in Nephrology Program.
- Please describe the available facilities and faculty support within the nephrology fellowship program.
- Please describe how the fellow will be supported to pursue his/her research activities if not chosen for this award.
- Please describe the relevance of clinical research to your division and the institution and provide a list of current clinical research projects and their principle investigators.
- Please give your opinion on the candidate’s likelihood of success as a faculty member.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**MAIL TO:**  
**American Kidney Fund**  
**Professional Education Department**  
**11921 Rockville Pike, Suite 300**  
**Rockville, MD 20852**  
**education@kidneyfund.org**



**CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM©  
YEAR 2020 APPLICATION  
CONFIDENTIAL REFERENCE REPORT  
STATEMENT FROM MENTOR(S)  
FORM C**

**TO THE APPLICANT**

This section is to be completed **by the applicant** before presenting to the Mentor who will supervise the clinical research component of the program of study.

Name: \_\_\_\_\_

**TO THE MENTOR(S)**

The above-named applicant to the American Kidney Fund Clinical Scientist in Nephrology Program has named you as his/her reference for the clinical research mentor field of study. We ask your cooperation in responding promptly. All replies **must be received on or before November 22, 2019** and will be held in strict confidence. This section of the application is of crucial importance. Granting of the fellowship will depend critically upon the evidence provided here that the plan of study is sound, that it is in keeping with the overall goals of the American Kidney Fund as outlined in the announcement, and in that the candidate will be closely followed and supervised by a dedicated mentor in performing the research project. The completed form is not to be returned to the applicant, but mailed or

**MAIL TO:**

**American Kidney Fund  
Professional Education Department  
11921 Rockville Pike, Suite 300  
Rockville, MD 20852  
education@kidneyfund.org**

**MENTOR(S)' LETTER**

Please indicate in the space below the period of time you have known the applicant, and in what capacity.

From \_\_\_\_\_ To \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Please describe the available facilities and faculty supervision relative to the applicant's field of study.
- Elaborate on how the applicant will continue to progress during the time of participation in the American Kidney Fund Clinical Scientist in Nephrology Program. Please be specific regarding your own role in the training of the applicant and expand on the relevance of the intended field of study for the Clinical Scientist in Nephrology Program.
- Please list funded projects and funding source for the past three years

<b>Project Title</b>	<b>Funding Source</b>	<b>Dates</b>
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

- Please append a copy of your four-page biosketch (NIH format).

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**MAIL TO:**  
**American Kidney Fund**  
**Professional Education Department**  
**11921 Rockville Pike, Suite 300**  
**Rockville, MD 20852**  
**education@kidneyfund.org**



**CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM©  
 YEAR 2020 APPLICATION  
 BUDGET PROPOSAL  
 FORM D**

This form is to be completed jointly by a representative of the Division of Nephrology and the person responsible for the clinical research area of study. Please indicate in the space below the institution or department which will be responsible for administering the financial aspect of the American Kidney Fund Clinical Scientist in Nephrology Program.

Applicant's Name \_\_\_\_\_

Institution \_\_\_\_\_

Contact and Title \_\_\_\_\_

Telephone \_\_\_\_\_

Please outline the expected annual budget for the applicant.

**FIRST YEAR BUDGET - Please provide a budget justification page**

Applicant's Salary Including Benefits - first year of fellowship \$ \_\_\_\_\_  
 (Must correspond to AKF's guidelines [not to exceed \$55,000] - see program description)

Please itemize your request for additional monies

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

3 \_\_\_\_\_ \$ \_\_\_\_\_

4 \_\_\_\_\_ \$ \_\_\_\_\_

5 \_\_\_\_\_ \$ \_\_\_\_\_

6 \_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**SECOND YEAR BUDGET - Please provide a budget justification page**

Applicant's Salary Including Benefits - second year of fellowship \$ \_\_\_\_\_  
(Must correspond to AKF's guidelines [not to exceed \$55,000] - see program description)

Please itemize your request for additional monies

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

3 \_\_\_\_\_ \$ \_\_\_\_\_

4 \_\_\_\_\_ \$ \_\_\_\_\_

5 \_\_\_\_\_ \$ \_\_\_\_\_

6 \_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**MAIL TO:**

**American Kidney Fund  
Professional Education Department  
11921 Rockville Pike, Suite 300  
Rockville, MD 20852  
education@kidneyfund.org**

**PLEASE NOTE THIS FORM REQUIRES TWO SIGNATURES**

\_\_\_\_\_  
Signature of Reference (CHIEF/HEAD OF DIVISION)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reference (MENTOR)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date